

APPLICANT NAME (CIRCLE ONE) REJECTED CONDITIONAL APPROVED REQUIREMENTS VERIFIED (INITIALS)												
							DATE		/			

OFFICE USE ONLY

Application for Assistance

NAME STREET			
CITY STATE <u>VA</u> ZI	P		
PHONE NUMBER EMAIL			
VETERAN OR CURRENTLY SERVING IN MILITARY (CIRCLE ON	E) YES NO		
CHILD'S NAME	AGE GENDER		
TO BE APPROVED, YOU MUST HAVE THE FOLLOWING:	I certify that I am the parent or legal		
Proof of residency in Prince Edward County	guardian of the children listed above.		
(We accept utility bill, lease, driver's license, or government correspondence with your name & address.)	I certify that these children are residents of Prince Edward County, Virginia.		
Photo ID (driver's license or ID card)	I certify that I have not received assistance from other organizations in the County in regards to holiday gifts. I certify that I (or the children) receive the assistance listed above.		
Birth certificate or proof of custody of each child			
Proof of assistance for each child (only need one) *			
(CIRCLE ONE) DSS TANF SNAP DISABILITY MEDICAID			
*If you do not receive government assistance, you can still qualify. Bring your most current pay stub and your application will be reviewed based on the 200% Federal Poverty Income Guidelines.			